



## INFORMATIONAL MEMO

---

|  |   |
|--|---|
| <b>TITLE:</b>                                    | <b>SENATE BILL 19-238 REPORTING TOOL</b>                                      |
| <b>SUPERSEDES NUMBER:</b>                        | <b>N/A</b>  |
| <b>EFFECTIVE DATE:</b>                           | <b>NOVEMBER 1, 2020</b>   |
| <b>DIVISION AND OFFICE:</b>                      | <b>OPERATIONS AND ADMINISTRATION DIVISION;<br/>OFFICE OF COMMUNITY LIVING</b> |
| <b>PROGRAM AREA:</b>                             | <b>FINANCIAL MONITORING UNIT</b>  |
| <b>KEY WORDS:</b>                                | <b>SENATE BILL 19-238, WAGE PASS THROUGH,<br/>REPORTING TOOL</b>              |
| <b>INFORMATIONAL MEMO NUMBER: HCPF IM 20-054</b> |   |
| <b>ISSUE DATE: NOVEMBER 12, 2020</b>             |   |
| <b>APPROVED BY: COLIN LAUGHLIN</b>               |   |

---

*HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>*

### **Purpose and Audience:**

The purpose of this Informational Memo is to inform providers and service agencies impacted by Senate Bill 19-238, that the Department of Health Care Policy & Financing (Department) has implemented a Reporting Tool within the Provider Portal in order for providers and service agencies to report on this requirement. The Reporting Tool is now open for reporting and will close on 12/31/2020. This communication also includes helpful resources into navigating the Reporting Tool within the Provider Portal.

### **Information:**

Senate Bill 19-238 requires providers and service agencies who billed for the following Home and Community-Based Service (HCBS) waiver services to report how the funding was passed through to Direct Care Workers: Homemaker Basic, Homemaker Enhanced, Personal Care and In-Home Support Services (IHSS). Providers and service agencies must report how this increased funding was passed through to Direct Care Worker compensation during Year 1, which includes the period of 7/1/2019 through and including 6/30/2020. As such, reporting for Year 1 is due no later than 12/31/2020.

The Department has implemented a Reporting Tool within the Provider Portal in order for the agencies and providers to report on this requirement.

### What the Provider Portal user should expect:

Once logged into the Provider Portal, the user shall navigate to the link titled "Senate Bill 19-238" under the "Provider Services" Section.

The screenshot displays the Provider Portal interface. At the top, there is a header with fields for Provider Name, Provider ID, and Location. Below this, the main content area is divided into several sections:

- User Details:** A green header with a user icon, followed by a "Welcome" message and links for "My Profile" and "Manage Accounts".
- Provider:** A green header with a user icon, followed by fields for Name, Provider ID, Location ID, and Revalidation Date, along with links for "Provider Maintenance", "EFT/ERA (835) Enrollment", and "Disenroll".
- Revalidation:** A yellow warning icon followed by a "Revalidation" link.
- Provider Services:** A green header with a user icon, followed by a list of links: "Member Focused Viewing", "Search Payment History", "Search Accounts Receivable", "BIDM", "House Bill (HB) 18-1407", and "Senate Bill (SB) 19-238". The "Senate Bill (SB) 19-238" link is highlighted with a purple box.

The main content area features a "Welcome Health Care Professional!" message, a photo of a doctor and a patient, and a "Provider Portal News" section with the message "No messages to display." On the right side, there are links for "Contact Us", "Notify Me", "Alerts", and "Secure Correspondence".

The footer contains the ID "R05.00.298" and a "Privacy Notice" link.

Once the link is selected, the user will be re-directed into the "Pass-Through Reporting Selection Panel".

The "Reporting Provider Selection" Panel is Displayed. The Panel will have the "Reporting Period; FY, Start Date, End Date, and Due Date" pre-populated and the Tax ID will be present.

The user will have the choice to select who they are reporting for and save their choices.

After selecting "SAVE", the "Senate Bill 19-238 Overview & Instructions" page is displayed. Click on "CONTINUE".

The user will then continue to complete the Waiver and Services Summary; Direct Care Worker Retention; Pass Through Usage Summary; Total Amount Paid to DCW with the Rate Increase - Wages, Tips, Bonuses; Other Fixed or Variable Benefits; General and Administration Expenses; and Attestations portion of the Reporting Tool.

Home > SB 19-238 Pass-Through Reporting Selection Thursday 10/01/2020 08:50 AM MST

Provider Name [REDACTED] Provider ID [REDACTED] Location [REDACTED]

### Senate Bill (SB) 19-238: Pass-Through Reporting Selection

\* Indicates a required field.

| Reporting Period | Reporting Period Start Date | Reporting Period End Date | Report Due |
|------------------|-----------------------------|---------------------------|------------|
| FY 19/20         | 07/01/2019                  | 06/30/2020                | 12/31/2020 |

Tax ID : [REDACTED]

\* I chose not to bill at the increased rate and received no additional funding to pass-through to Direct Care Workers.

Please enter the name, address and contact information for whom you would like SB 19-238 communications directed to:

\* Provider Representative Name  Title

\* Address

\* City  County

\* State  \* Zip Code

\* Phone Number

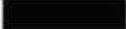
\* Email Address

Confirm Email

**Senate Bill (SB) 19-238: Reporting Provider Selection**

 **Warning: After you save the Fiscal Year Reporting Data, the reporting configuration for the locations indicated below will be locked.** 

| Reporting Period | Reporting Period Start Date | Reporting Period End Date | Report Due |
|------------------|-----------------------------|---------------------------|------------|
| FY 19/20         | 07/01/2019                  | 06/30/2020                | 12/31/2020 |

Tax ID : 

Please select the Providers for whom you will be reporting:

Select All | Deselect All

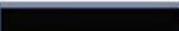
N/A 

Lock-Indicator [Y/N] N

Note: This configuration record is locked once the reporting period opens and a member of your Provider grouping has initiated reporting of how their funding was used.

[Home](#) > [SB 19-238 Pass-Through Reporting Selection](#) > [SB 19-238 Reporting Provider Selection](#) > SB 19-238 Overview and Instructions

Thursday 10/01/2020 08:52 AM MST

Provider Name  Provider ID  Location 

**Senate Bill (SB) 19-238: Overview & Instructions**

This bill requires that, on and after July 1, 2019, of the total reimbursement that a home care service agency receives each fiscal year pursuant to the "Colorado Medical Assistance Act" for the provision of personal care services, homemaker services, and/or in-home support services (covered services), for the 2019-2020 fiscal year, each home care agency (agency) shall pay 100% of the funding that results from the rate increase as compensation for employees who provide personal care services, homemaker services, and in-home support services (covered services) to consumers. For the 2020-2021 fiscal year, each agency shall pay 85% of the funding that results from the rate increase as compensation for employees who provide covered services to consumers.

**Provider Name** RM3C, LLC      **Provider ID** Providers - 40585239      **Location** 40585239 - RM3C, LLC

**Senate Bill (SB) 19-238: Provider Reporting**

 **Warning: After you save the Fiscal Year Reporting Data, the reporting configuration for the locations indicated below will be locked.** 

To make changes to the list of providers you are reporting for [click here](#)

**Reporting Period**

| Reporting Period | Reporting Period Start Date | Reporting Period End Date | Report Due |
|------------------|-----------------------------|---------------------------|------------|
| FY 19/20         | 07/01/2019                  | 06/30/2020                | 12/31/2020 |

**Wage Pass-Through Report**

Only include services & impacts to Direct Care Workers as required on this reporting tool.

**Providers for whom you will be reporting:**

N/A / 40585239 - RM3C, LLC, 2727 BRYANT ST, STE 210, DENVER, Colorado, 80211-4152

**Waiver and Service Summary**

- \*Waivers Billed During Fiscal Year**
  - Persons with Brain Injury
  - Children's Extensive Support Waiver
  - Community Mental Health Supports Waiver
  - Persons who are Elderly, Blind, or Disabled
  - Persons with Spinal Cord Injury
  - Supported Living Services Waiver
- \*Services Billed During Fiscal Year**
  - Homemaker, Basic
  - Homemaker, Basic
  - Homemaker, Enhanced
  - Homemaker, Enhanced
  - Homemaker IHSS
  - Personal Care
  - Personal Care IHSS
  - Personal Care IHSS
  - Personal Care, IHSS Relative
  - Personal Care, IHSS Relative
  - Personal Care, Relative
  - Personal Care, Relative
  - Personal Care, Relative
  - Personal Care, Relative

### Other Fixed or Variable Benefits

|                          | Benefit                          | Amount       | Action                 |
|--------------------------|----------------------------------|--------------|------------------------|
| <input type="checkbox"/> | Stock Options                    | \$0.00       |                        |
| <input type="checkbox"/> | Retirement Contributions         | \$100,000.00 |                        |
| <input type="checkbox"/> | Legal Insurance/Legal Advice     | \$0.00       |                        |
| <input type="checkbox"/> | Disability Insurance (Short &    | \$0.00       |                        |
| <input type="checkbox"/> | Life Insurance                   | \$0.00       |                        |
| <input type="checkbox"/> | Employer Paid Health Insurance   | \$0.00       |                        |
| <input type="checkbox"/> | Other Benefits (Optional)        | \$50,000.00  | <a href="#">Remove</a> |
| <input type="checkbox"/> | Vacation Paid Time Off           | \$0.00       |                        |
| <input type="checkbox"/> | Childcare Support /Benefits      | \$0.00       |                        |
| <input type="checkbox"/> | Tuition Reimbursement            | \$0.00       |                        |
| <input type="checkbox"/> | Click to add Benefit information | \$0.00       |                        |

Describe how you were able to maintain Direct Care Worker Compensation for the fiscal year (4,000 character limit)

**\*Description**

### General and Administrative Expenses

|                          | Expense                          | Amount      | Action |
|--------------------------|----------------------------------|-------------|--------|
| <input type="checkbox"/> | HR expenses                      | \$0.00      |        |
| <input type="checkbox"/> | Oversight expenses               | \$0.00      |        |
| <input type="checkbox"/> | Business Management              | \$0.00      |        |
| <input type="checkbox"/> | General Record keeping           | \$0.00      |        |
| <input type="checkbox"/> | Budget and Finance               | \$50,000.00 |        |
| <input type="checkbox"/> | CEO salaries                     | \$0.00      |        |
| <input type="checkbox"/> | Click to add Expense information | \$0.00      |        |

### Attestations

**\*FISCAL AGENT: I am the entity's representative who is authorized to sign its financial documents. I certify that the entity is in compliance with Colorado Medical Assistance Act 25.5-5-406. The statements made in this reporting tool are true and correct to the best of my knowledge.**

**\*OHCDS: My Community Centered Board acts as an OHCDS pursuant to 10 CCR 2505-10 8.500.11, 8.500.100 and 8.503.110 I certify that the 8.1% increase for Direct Care Workers has been passed to our contracted providers as required in the Colorado Medical Assistance Act 25.5-5-406.**

**\*I accept**       **Date** 10/01/2020

Previous
Save
Cancel

Once the user completes the required fields and saves the information, the report will be sent to the Department. Any further communications regarding the user's submission will be sent via email and the United States Postal Service (USPS).

At the user's discretion, a system generated report of paid claims applicable to Senate Bill 19-238 is available within the Provider Portal. To access these reports, please navigate to the "Resources" tab; then select "Report Download". The user will be able to indicate which report they are requesting from the system (for instance, SB 19-238 Detail Reimbursement) and also select a date range.

The screenshot displays the user interface of the Provider Portal. At the top, there are logos for the Colorado Department of Health Care Policy & Financing (HCPF) and Health First Colorado. Below the logos is a navigation menu with tabs for Home, Eligibility, Claims, Care Management, and Resources. The Resources tab is active, and a sub-menu shows 'Report Download' selected. Below the navigation is a search bar with options for 'Search Providers' and 'Search HIPAA Codes'. The main content area shows the path 'Resources > Report Download' and the date 'Wednesday 11/04/2020 08:46 AM MST'. A form for 'Report Download' is displayed, containing a table with columns for Provider Name, Provider ID, Location, and Taxonomy. Below the table is a search form with a title 'Report Download' and a help icon. The form includes a note: '\* Indicates a required field. Enter your search criteria and click the Search button.' The search form has three main fields: '\* Report' (a dropdown menu set to 'SB 19-238 Detail Reimbursement'), '\* From Date' (a date field set to '11/04/2020'), and '\* To Date' (a date field set to '11/04/2020'). A green 'Search' button is located at the bottom left of the form.

### Attachment(s):

None

### Department Contact:

Please use the contact information below for any inquiries.

### Department Contact:

Contact the Financial Monitoring Unit at [HCPF Wage Pass Through@state.co.us](mailto:HCPF_Wage_Pass_Through@state.co.us) for legislative and regulation inquiries.

Contact the Provider Services Call Center at 1-844-235-2387 with questions regarding the Provider Web Portal.